

[~Current Date~]

Attn: Director of Claims

[~Insurance Policy #1 Carrier~]

[~Insurance Policy #1 Address~]

Re: Patient: [~Patient Name~]  
Policy: [~Insurance Policy #1 Number~]  
Insured: [~Responsible Party Name~]  
Treatment Dates: [~Admission Date~] - [~Discharge Date~]  
Amount: [~Total Charges~]

Dear Director of Claims,

According to the explanation of benefits, your company appears to have reduced payment as a result of a contractual adjustment. Please accept this letter as a formal appeal of this benefit reduction.

As you are likely aware, most insurance policies or employee benefits plans fall under either state or federal disclosure laws. Most disclosure laws applicable to insurance contracts and employee benefits plans require unambiguous language related to both in and out-of-network medical treatment. As a general rule, preferred provider arrangements are coverage arrangements where the carrier applies an agreed upon discount to the benefits payments to providers who signed a contract agreeing to such discounts in exchange for "preferred" status.

Please be advised, we do not participate in a contract with your organization and our name would not appear on any list of providers which you distribute. Further, the applicable policy or summary plan document must address how out-of-network treatment will be paid and our office must be paid according to this benefit wording rather than as an in-network provider. Typically, when no contract exists between a provider and insurer, the claim must be paid based on reasonable billed charges rather than a discounted rate. Therefore, we must decline to accept the discount referenced on the explanation of benefits.

If benefits remain denied, please provide a detailed explanation of how the reimbursement was determined and a copy of the coverage provisions, benefits, and exclusions related to out-of-network benefits as it reads in the policy or summary plan document. This information will assist us with determining both the carrier's and the patient's liability for the remaining balance. If additional information is required from this office, please submit a written request.

Sincerely,

Claims Analyst